



## Frequently Asked Questions (FAQs) for Certified Opioid Treatment Programs (OTPs)

May 21, 2020

This document is a publication from the DHHS Offices of Behavioral Health (OBH) and MaineCare Services (OMS) and is intended to provide guidance to Certified Opioid Treatment Programs (OTPs) to support their operations and service delivery during the COVID-19 public health emergency.

**Q. What information can we give to our clients who are anxious about COVID-19? How can we support them?**

The [OBH COVID-19 webpage](#) includes a variety of links to resources. There are many online, Zoom, and other virtual recovery supports.

**Q. Where can I find information about MaineCare Emergency Rule changes and telehealth?**

The [OMS COVID-19 webpage](#) contains links to [Emergency Rules](#) and [telehealth guidance](#).

**Q. What exceptions and rule changes have been made for OTPs to reduce the spread of COVID-19?**

The DHHS Office of Behavioral Health (OBH) was granted a blanket exception request from the federal Office of Substance Abuse and Mental Health Services (SAMHSA) that would allow up to 28-day take homes for all patients the OTP considers stable, and up to 14-day take homes for all patients considered less stable but who the OTP believes can safely handle this level of medication. For patients who are unable to safely be provided take homes, OTPs must develop a plan that follows CDC guidelines, such as practicing social distancing and staggering and assigning dosing times.

**Q. Can we decrease the number of required Urine Drug Toxicology (UDT) screens during this crisis?**

The Department is not reducing the number of required UDT at this time. Members are at a high risk for having a recurrence of use during these stressful times. The Department wishes to continue monitoring for illicit drug use, to confirm prescribed medication has been shown to be a helpful part of SUD treatment, and to show our support for creative use of other modalities (e.g. saliva testing).

Per 42 CFR § 8.12 (6) **Drug abuse testing services**. OTPs must provide adequate testing or analysis for drugs of abuse, including at least eight random drug abuse tests per year, per patient in maintenance treatment, in accordance with generally accepted clinical practice.

OBH recommends changes to UDT collection protocol in accordance with CDC guidelines to reduce the risk of exposure and/or transmission.

At this time, the Department feels that if MAT patients missed doing a UDT during the emergency period for a few months, most providers would still meet the minimum if they were doing monthly testing for the remainder of the year. The Department continues to monitor federal guidance for new flexibilities on this topic.

Current minimum UDS requirements are as follows:

Category	UDT Requirement
Buprenorphine Prescribers – Section 80	Minimum UDT 8 times/year
Opioid Health Homes – Section 93	Minimum UDT 8 times/year
MAT with methadone – Section 65	Minimum UDT once every 30 days
OTP/Methadone (DCL substance abuse regulations)	Minimum UDT every 30 days, randomized

**Q. Can the requirement for annual physicals and treatment plan updates be waived during this crisis?**

Section 65 for MAT with Methadone does not require annual physicals. An initial physical is required at the onset of treatment, and assessments must be done periodically as medically necessary. Treatment plan updates remain required per policy. Due to the challenge in seeing members in person, verbal approval of the plan is acceptable during the COVID emergency period. Verbal approval must be documented in the member’s record. Please see MaineCare's COVID-19 Behavioral Health [guidance](#) on behavioral health services for more information on this topic.

**Q. Can an intake/induction physical be completed via telehealth?**

Per SAMHSA guidance: *“With respect to new patients treated with **buprenorphine**, SAMHSA has made the decision to pre-emptively exercise its authority to exempt OTPs from the requirement to perform an in-person physical evaluation (under 42 C.F.R. § 8.12(f)(2)) for any patient who will be treated by the OTP with buprenorphine if a program physician, primary care physician, or an authorized healthcare professional under the supervision of a program physician, determines that an adequate evaluation of the patient can be accomplished via telehealth. This exemption will continue for the period of the national emergency declared in response to the COVID-19 pandemic, and applies exclusively to OTP patients treated with buprenorphine. **This exemption does not apply to new OTP patients treated with methadone.** In addition, treatment of OTP buprenorphine patients must be done in accordance with SAMHSA’s [OTP guidance](#) issued on March 16, 2020. The OTP provider caring for the buprenorphine patient under these circumstances must be a licensed healthcare practitioner who can, in his or her scope of practice prescribe or dispense medications and have a current, valid DEA registration permitting prescribing or dispensing of medications in the appropriate Controlled Substances Schedule.*

*For **NEW** OTP patients that are treated with **methadone**, the requirements of an in-person medical evaluation will remain in force. SAMHSA has made this determination on the basis that eliminating the in-person physical examination requirement for new methadone patients could present significant issues for a patient with OUD. Patients with OUD starting methadone are not*

*permitted to receive escalating doses for induction as take-home medication. This means that a person starting methadone for OUD would get a maximum dose of 30 mg/d and may be on this dose, which for most people with OUD would be a low dose that will potentially be inadequate, for extended periods (up to 14 days if the clinic is using a blanket exception during the current medical emergency). The methadone dose could only be increased by a small amount (e.g., 5 mg/d) meaning that the person would be on what are considered to be subtherapeutic doses of methadone to treat OUD for an extended period. An initial in-person physical evaluation is needed in order for OTP providers to address such risks in each **newly** admitted methadone patient.”*

**Q. Will the Department waive the minimum counseling requirements for induction and stabilization phases?**

Service requirements (including counseling and UDT screening) should continue being delivered in accordance with MaineCare [policy](#).

Because there is an increased amount of take homes being provided to OTP patients, the Office of Behavioral Health is requiring a weekly telehealth visit related to the ongoing dispensing of medication for all individuals with increased take homes, regardless of their phase of treatment. During the emergency period only, these telehealth visits will qualify as a reimbursable activity for members with extended take-home doses to allow providers to bill for the weekly MAT rate for methadone. (Please see *MaineCare Benefits Manual Chapter 1, Section 5, COVID-19 Public Health Emergency Services*.) SAMHSA has additional [guidance for OTPs](#).

Additionally, the Department encourages providers to be creative in engaging members in their treatment during this time of increased stress and decreased in-person contact. OTPs are considered essential services and may operate in person—using safety protocols—so they may serve their members where there are challenges associated with utilizing telehealth.

All contacts, attempts to contact, and adjustments made to promote member engagement must be documented in the member’s record.

**Q. Do telephonic services meet the requirements for counseling?**

Telephonic services may be utilized in the event interactive telehealth is unavailable. Please see the Department’s [Telehealth guidance](#) for more detail on this process. Note, MaineCare does not place a limit on the amount of services that may be delivered via telehealth; however, the provider must determine its clinical appropriateness and be able to support via documentation.

**Q. Can professionals other than pharmacists prepare take-home doses to accommodate the increased demand for take homes?**

Yes, with pharmacist approval, an RN and/or LPN that is employed by the OTP can apply for a pharmacy technician certification and prepare take home doses. The application is available [online](#).

**Q. Can we refuse to guest dose patients during this crisis?**

Because individuals from out of state are required to quarantine for two weeks, they would not be able to guest dose at an OTP in Maine unless they plan to become a patient of the Maine OTP and make prior arrangements to get doses delivered via a designee, or they would have to bring two weeks' worth of take homes from their home state OTP, if they were eligible to do so. Due to these challenges, we advise Maine-based OTPs to inform out-of-state OTPs of this requirement and Governor Mills' Executive Order which mandates "that travelers arriving in Maine, regardless of their state of residency, self-quarantine for 14 days to mitigate the spread of COVID-19." Additionally, the Order requires that visitors not to travel to Maine if they are displaying symptoms of COVID-19 and advises them not to travel to Maine if they are traveling from cities or regions identified as COVID-19 hot spots. Please see the [Executive Order](#) for more information.

**Q. Can we refuse to conduct new admissions during this crisis?**

All OTPs must continue to be able to induct new patients at this time.

**Q. What would warrant an OTP to shut down during this crisis?**

OTPs are considered essential public healthcare facilities and should make plans to stay open in most emergency scenarios. You must first consult with your State Opioid Treatment Authority (SOTA), Katherine Coutu at [Katherine.coutu@maine.gov](mailto:Katherine.coutu@maine.gov) or by phone at 207-441-7656 before making any decisions about operations. In the event that the SOTA is not available and you sent an email, the appropriate contact information will be provided. If contact is made via phone, your call will be forwarded to the backup SOTA.

If an OTP needs to temporarily shut down on a particular day or for another period of time due to complications associated with COVID-19, please email your request to:

- Katherine Coutu, Office of Behavioral Health: [Katherine.Coutu@maine.gov](mailto:Katherine.Coutu@maine.gov).
- Heather Hyatt, Division of Licensing and Certification: [Heather.Hyatt@maine.gov](mailto:Heather.Hyatt@maine.gov).
- Dean Bugaj, Office of MaineCare Services: [Dean.Bugaj@maine.gov](mailto:Dean.Bugaj@maine.gov).

With your request, please include the waiver request form in order to comply with licensing regulations: <https://www.maine.gov/dhhs/dlc/licensing/OSA/home.html>

**Q. Can a patient who presents with a cough or fever be dosed in a separate room or curbside?**

Yes, the OTP must develop procedures for clients who present with symptoms such as fever and/or cough to be seen in an area in a location other than the general dispensary, as needed.

**Q. What guidance can you provide regarding the provision of additional take-homes to patients during this crisis?**

The following will guide OTP take home and designated other decisions:

- Patients with laboratory confirmed COVID-19 virus will receive up to 28 days of medication immediately.

- Patients who have chronic medical conditions, signs/symptoms of respiratory infection or viral illness, and/or who are otherwise vulnerable to infection shall receive 14-28 days' supply of take homes.
- Patients with significant medical comorbidities and/or older patients (over the age of 50) shall be given a 14-28 days' supply of take-home medications.
- Patients who have already qualified for one or more additional take home doses and demonstrate likely ongoing compliance and stability will receive up to 28 days of medication.
- Patients with no or only one take home (unearned), may be given up to 14 days' take home if deemed able to responsibly handle take home medication dosing.
- Patients who are unable to physically come to the OTP may have a designated other/surrogate pick up their medication on their behalf. A chain of custody and [3<sup>rd</sup> party proxy form](#) will be completed as part of this procedure. (Please see: [Example chain of custody form.](#))
- For patients who are unable to safely be provided take home doses, OTPs will develop a plan that follows CDC guidelines. Examples include social distancing and staggering and assigning dosing times.
- Dispensing naloxone with take home dosing is strongly recommended. Naloxone can be obtained from one of our Naloxone Distribution sites by completing the [Naloxone request form](#).
- OTPs shall conduct weekly check-ins via telehealth/telephonic services for all individuals receiving take home doses regardless of treatment phase.

**Q. How can we provide medication to patients who cannot leave their home, if they are in quarantined or isolated related to COVID-19?**

Please see SAMHSA Division of Pharmacological Therapies [guidance](#), released on March 13, 2020.

**Q. Do I have to charge members copays during the emergency period?**

During the emergency period associated with COVID-19, all copays are waived for Section 65, Behavioral Health Services. No copays are required for services through Section 93, Opioid Health Homes, as a matter of general MaineCare policy.

**Q. Can I have flexibility on obtaining signatures for required documentation?**

In the event a signature is normally required for documentation and an electronic signature available through a unique log-on and time stamp is not available, the Department offers the following resolutions:

- Providers may accept email or text message notification from the member/parent/guardian and internal clinical approval as proof of approval of the assessment or treatment/service plan. The email or text message providing consent must be kept in the member's record.
- Documentation in the member's record of verbal approval of assessments or treatment/service plans is acceptable during the emergency period, if documentation of approval by member text or email is not an option.

**Q. Regarding Waivers of Counseling, the Division of Licensing and Certification (DLC) has waived counseling requirement for my OTP. Can I still bill the bundled rate for services during the emergency period?**

A waiver issued from DLC does not have an effect on MaineCare policy requirements. Service requirements should continue to be delivered in accordance with MaineCare Policy.

**Q. Regarding Waivers of Counseling, the Division of Licensing and Certification has waived counseling requirement for my MAT program. Can my OHH have counseling waived as well and still be eligible to bill the bundled rate for services during the emergency period?**

MaineCare is not waiving counseling requirements. Please see the question above for how telehealth can be used to meet these requirements. If a member does not meet OHH requirements, providers do have other options, dependent on their enrollment and license, such as billing fee-for-service instead.